

Figure SC810.F23. Sample Letter to Physician with Form CA-16.

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

SUBJECT: Federal Employees Injured at Work

TO: Amos B. Jackson, M.D.
Street Address
City, State Zip Code

Dear Dr. Jackson:

Our employee, James O. Smith, has sustained a job-related traumatic injury on 25 May 1994, which may entitle him to benefits under the Federal Employees' Compensation Act.

Before the Office of Workers' Compensation Programs (OWCP) can make a decision on the claim, they must have comprehensive medical evidence from the physician providing treatment for the injury. Accordingly, we request that you complete the enclosed form and give it to our injured employee when you have finished your examination. A medical release form has been completed by our injured employee and is forwarded for your retention.

We are willing to accommodate partially disabled employees with suitable light- or limited-duty assignments. We can and will provide light- or limited-duty assignments in strict accordance with any physical limitations you impose. If you feel the employee cannot perform any type of work, please send us a prognosis of when return to work may be possible in either a limited or full capacity.

Please submit your bill on the enclosed billing form HCFA-1500 and return it in the self-addressed envelope.

Thank you for your time and cooperation. If I can be of any assistance, please call me at 522-0001.

Sincerely,

MELVIN A. BROWN
Injury Compensation Program
Administrator

3 Encl

1. Form CA-16
2. HCFA-1500 w/Envelope
3. Med Release